

CROMERR Application Cover Sheet

Non-Federal: ☐ State Environmental Agency ☐ Tribe ☐ Local Government Agency

Federal: ☐ EPA Program Proposal ☐ EPA Program Conformance Plan

Please do not use acronyms when completing this form

Primary Contact Information			
First Name:	Last Name:	Position:	Agency:
Mailing Address (Street Address, Mail Code/Suite, City, State, Zip Code):		E-mail:	Primary Phone:
		Fax:	Secondary Phone:

Secondary Contact Information			
First Name:	Last Name:	Position:	Agency:
Mailing Address (Street Address, Mail Code/Suite, City, State, Zip Code):		E-mail:	Primary Phone:
		Fax:	Secondary Phone:

This application addresses (check or complete all that apply):

☐ Priority Reports ☐ Non-Priority Reports ☐ New Systems ☐ Existing Systems

☐ The OEI CROMERR system checklist is used for this application

☐ Application under an authorized Part 142 Public Water System

Number of systems addressed in this application

Certifying Official			
<input type="checkbox"/> Certification of sufficient legal authority to implement electronic reporting by:			
First Name:	Last Name:	Title:	Certification Date:
<input type="checkbox"/> Copies of relevant laws and regulations establishing legal authority are included in this application.			